

FILED OCT 20 1950

STANDARD CERTIFICATE OF DEATH

34490

State File No.

BIRTH NO. <u>26199-50</u>		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>6051</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cottleville</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Dardenne</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottleville, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Cottleville, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JANE</u>		b. (Middle) <u>MARIE</u>		c. (Last) <u>RYAN</u>		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>15</u> (Year) <u>1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>June 11, 1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>--</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		9. AGE (In years last birthday) <u>4</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles</u>	
13a. FATHER'S NAME <u>James Ryan</u>				13b. MOTHER'S MAIDEN NAME <u>Rose Marie Mackenberg</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Ryan</u>		ADDRESS <u>Cottleville, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Jury's Verdict-</u> <u>Cause of death unknown.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cottleville St. Charles Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Oct. 15 8:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Unknown</u>			
22. I hereby certify that I interviewed the informant from <u>Oct. 16th 1950</u> , to <u>Oct. 16th 1950</u> , and that death occurred at <u>8-9 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Morris Muehling</u>				23b. ADDRESS <u>Wentzville Mo.</u>		23c. DATE SIGNED <u>10-16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-17-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cottleville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 18 50</u>		REGISTRAR'S SIGNATURE <u>Ea Keithley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Dallmeyer & Sons Co.</u> ADDRESS <u>St. Charles</u>			

(Licensed Embalmer's Statement on Reverse Side)

Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 19 1950
RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 4546

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.